

Department of Children's Services
YOUTH PASS REQUEST

Youth's Name: _____

J# _____

Probation Officer: _____

County: _____

Judge: _____

Date Received: _____

Offense: _____

Type of Commitment: ☐ Determinate
☐ Indeterminate

Type of Pass: ☐ Day ☐ Weekend

Proposed length of pass: _____

1. Has this youth had a pass before?
If yes, were there any problems?

☐ Yes ☐ No
☐ Yes ☐ No

2. Does this youth have a history of escape/AWOL?

☐ Yes ☐ No

3. Has this pass been approved by the Treatment Team?

☐ Yes ☐ No

4. At what phase is this youth in the program? _____

5. How many minor disciplinaries has this youth had since their arrival? _____

6. List all major disciplinaries and dates: _____

7. Do you recommend this youth for this pass?

☐ Yes ☐ No

8. Where and with whom will the youth spend this pass?

Name: _____

Relationship: _____

Address: _____

Telephone No. _____

City: _____

Person completing this form: _____

signature

title

Treatment coordinator signature

☐ Approve

☐ Disapprove

Building administrator signature

☐ Approve

☐ Disapprove

Treatment manager signature:

☐ Approve

☐ Disapprove

If the Treatment Manager approves, you are authorized to seek the court's approval for the pass. Please indicate the date approval was received, any special conditions, and attach a copy of the written documentation supporting approval to this form. Additionally, please attach a Temporary Custody Agreement Form and the pass itself to this form for approval.

Date Approval received: _____ Special Conditions: _____

(Complete Page 2 after youth has returned from pass)

Youth's name: _____

After completion of the Pass, the information required below is to be filled in and the form submitted to Records for filing with the youth's master file.

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Did the youth return from this pass on time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Comments: _____ | | |
| | _____ | | |
| | _____ | | |
| 2. | Were there any problems on the pass? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Comments: _____ | | |
| | _____ | | |
| | _____ | | |
| 3. | Was the youth intoxicated or under the influence of drugs upon his return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Comments: _____ | | |
| | _____ | | |
| | _____ | | |
| 4. | Was the youth given a drug screen upon returning ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Comments: _____ | | |
| | _____ | | |
| | _____ | | |
| 5. | Did the youth have any contraband in his possession upon return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Comments: _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| 6. | Were there any problems or anything unusual with the person(s) who brought the youth back? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Comments: _____ | | |
| | _____ | | |
| | _____ | | |
| 7. | Based on this youth's performance with this pass, should he be considered for additional passes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Other observations: _____ | | |
| | _____ | | |

Signature of person completing form

Time and Date